

**IHS Integrated Diabetes Education Recognition Program
Sample Annual Program Review**

ANNUAL PROGRAM REVIEW

August 9, 2001

Members in Attendance:

Members Absent:

Call to order: The meeting was called to order at 10:10 a.m. A motion was made to approve the minutes of the 4-12-01 meeting. The minutes were unanimously approved.

Program Updates

Topic: Third floor renovation. There are funds available for remodeling to include walls, electrical, etc. There aren't funds for furnishings for exam rooms and offices. It will take a year from the start of renovation before we could possibly use the area for clinics and offices.

Topic: Staff changes. Staff member will be leaving as of 8/30/01 to take a position with the Oklahoma Area Diabetes Coordinators' office.

Topic: Grant updates. Year 4 funding (if the 5 year funding cycle) will be ending soon. The new funding (\$70 million for 3 years) has been distributed for year 1 according to the previous funding formula. Tribal consultation is taking place to determine the funding formula for the following 2 years. The ASU tribes decided to not leave any of the new grant money with the SU, regardless of the role of the urban population in determining funding amounts.

A. Review of Program Objectives for the year 3/31/00 to current

1. **Objective:** Improve follow-up mechanism for newly diagnosed diabetes patients who fail to keep diabetes education appointments. This should help to decrease the rate of patients who are not seen for diabetes education and will also help us determine how to better serve this group.
Results: Reviewed patient entry and progress in the program at least quarterly. Letters have been sent to patients and providers to encourage progress in completing the program.
2. **Objective:** Establish continuing communication with medical providers, medical records staff and other key staff on how to refer patients to the education program for newly diagnosed patients and how to get them scheduled in a timely manner (within 2-3 weeks of referral).
Results: Program progress presented to the ASU medical staff on April 19, 2001 to remind them of the need to refer patients to the diabetes program, not just the diabetes clinic. There continues to be some confusion in how patients need to be scheduled. A referral form needs to be developed to provide documentation for reimbursement and this may help with how patients are scheduled.
3. **Objective:** Explore the possibility of providing group classes for newly diagnosed patients and refresher classes for established patients.

Results: No progress was made this past year. This will remain an objective for the coming year, as Medicare requires group education for reimbursement.

4. **Objective:** Continue to keep diabetes education materials current and appropriate for the target audience. This will include assessing materials for literacy levels and making changes as needed.

Results: Materials were assessed for literacy levels and were at the 5th grade level, which is appropriate for our target audience. Some IHS National Diabetes Program pamphlets were revised and are being used. Other materials have been revised as needed. We still have some handouts to develop (i.e., hypertension, snack samples with carbohydrate content).

B. Comparison between target and actual audience

Target Audience was: All Albuquerque Indian Hospital patients who were newly diagnosed with type 2 diabetes.

Actual Audience was: During the time period 6/1/00 to 5/31/001, 86 patients were newly diagnosed. Of those 86 patients, 74 (86%) were seen for diabetes education, 11 (13%) were referred for diabetes education but did not come in for appointments and 1 (1%) were not referred.

Discussion: We continue to see a majority of patients for at least one education visit. Patients who are not referred are contacted by the Diabetes Program.

Action: Continue to track new patients and follow-up with patients who fail to come in for appointments.

C. Ease by which participants enter or access the program

Procedure for responding to request for information and referral:

Patients make an appointment for diabetes education through the AIH appointment system. Education program information and diabetes education materials are available to patients at the time of diagnosis.

Discussion: No change from last year. Suggested that we put program pamphlets and other education materials in pharmacy waiting area and in exam rooms.

Action: Continue with current access mechanisms and stock above areas with diabetes education materials.

How participants enter the program:

Participants enter the program through referral from an AIH medical provider (MD, PA, FNP).

Number of participants who entered the program this year: 86

Number of participants who entered the program this year: 57

Discussion: None

Action: None

Waiting period to enter the program:

The goal of the program is to have patients be seen for education within 2 to 3 weeks from their referral for education.

Discussion: The average number of days from referral to an education appointment was 37 days. The median number of days was 23. These numbers include people who have not come in for months after they were initially referred and some who were seen the same day as diagnosis. If we go to more group education, this number will be affected. We hope to be able to get people in for their initial evaluation in a more timely manner.

Action: Continue to track patient waiting periods with new education format (more group).

D. Participant follow-up mechanisms

The *number and percentage* of all participants who completed the program through follow-up assessment.

Discussion: This included people who started the program last year but completed this year. We had 5 people who started and completed in the year. See attached program report for details on the participant and their progress.

Action: Continue to track patients through the program.

E. Program Resources

<u>Personnel</u>	Instructors:	1.2 FTE nurse educators 08 FTE dietitian
	Resource Staff:	1.0 FTE physician 1.0 FTE nurse practitioner

Discussion: There has been a decrease in our current staffing with staff changing jobs, spending less time with diabetes clinic and the decrease in outpatient services by clinical dietitian.

Action: There are no funds to hire new staff. Group education will be one way to provide more education with smaller staff.

Space There are two teaching rooms available at each diabetes clinic. Other rooms are available for education on non-clinic days and evenings.

Discussion: No changes, unless third floor renovation finished ahead of schedule.

Action: None

Budget The Education Program budget is part of the ASU Diabetes Program budget.

Discussion: None

Action: None

F. Curriculum educational materials and community resource list

Curriculum/Instructional Methods

Discussion: Suggested we add some materials to the ASU Diabetes Program website. Staff feel that we need to move towards more group education because of the new Medicare reimbursement rulings. Committee members recommended having 2 paths developed – one group and one individual.

Action: The community resource list will be added to our website. Meeting later this month to work out logistics. The curriculum will be the same content for both formats.

Educational Materials

Y accurate Y current

appropriate for target audience

Y low literacy

N/A foreign language

Y culturally sensitive

Y readability

Y age-specific

Y special needs

Discussion: Several items still need to be developed (see A.4)

Action: Develop handouts in the next year.

Community Resource List

Y **appropriate for target audience**

Discussion: Needs to be updated.

Action: Agreed to make telephone calls to the agencies listed in the community resource list to update information. Will make the changes and get current copies printed.

G. Marketing

How and when program is marketed to the target population: The Education Program relies on the AIH staff refer patients for education. The program is marketed to them at least annually. Other providers (nursing, pharmacy and dental) also need to be informed of the program. Education Program brochures need to be added to pharmacy waiting room and exam rooms.

Primary Referral Sources: AIH Medical Staff

Discussion: AIH Medical Staff needs to be kept up-to-date on changes in program, including any format changes and referral procedures.

Action: Need to set up meetings with providers when any changes take place.

H. Program effectiveness and participant outcomes

Summary of Behavioral Goals

Number of participants who completed program: 14

Number who selected behavior to change: 12

Number lost to follow-up: 34

Evaluation Scale: 1 = met; 3 = unmet

Behavior	Number of times behavior chosen	Number of times rated 1 (unmet)	% Attainment
Exercise	9	4	44%
Nutrition	2	0	0%
Monitoring	4	4	100%
Medication	0	--	--
Other	1	NR	--

Discussion: Participants who were lost to follow-up have been contacted at least two times, by telephone or letter.

Action: We will continue to monitor behavior change. The computer program we now have will help us to do all our data collection in a more efficient manner.

Summary of other outcome measures

Discussion of results: Change in HgA1c this year (-2.8%) was similar to last year (-3.3%)

Action: Monitoring of change in HgA1c will be continued.

	Average pre program HgA1c	Average post program HgA1c	Average percent change in HgA1c	# participants with decreased HgA1c	# participants with increased HgA1c	# participants with no change in HgA1c
Participants who have completed program (n=14)	10.25	7.4	-2.8%	13	1	0

I. Program objectives for coming year (August 2001-June 2002)

Proposed some objectives for the next year. See attached program plan.

Meeting was adjourned at 12:30 p.m.

Next meeting: Thursday, November 8, 2001 from 10:00 to noon in the Field Health Building conference room.

Attachments:

2001-2002 Program Plan

Diabetic Patient Care Costs at AIH, FY 2000

Source: Albuquerque Service Unit Diabetes Program